

**Supervisor's Annual Checklist**  
Code \_\_\_\_\_, Year 2000

<input type="checkbox"/>	Organizational <b>Safety Plan</b>	(Date:	)
<input type="checkbox"/>	Reviewed/updated within last 12 months	(Date:	)
<input type="checkbox"/>	Organizational <b>Hazard Communication Plan</b>		
<input type="checkbox"/>	Reviewed/updated within last 12 months	(Date:	)
<input type="checkbox"/>	<b>Job Safety Analysis</b> for Each Employee Requiring One		
<input type="checkbox"/>	Reviewed/updated within last 12 months	(Date:	)
<input type="checkbox"/>	<b>Safety Training Plan</b> for Each Employee (or in IDP)		
<input type="checkbox"/>	Reviewed/updated within last 12 months	(Date:	)

## Supervisor's Quarterly Worksite Survey

[illegible]

### Supervisor's Monthly Training Topics

[illegible]